

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000077200**

1. Corporation Name

DB SOUTH BEACH GYM CORP.

Principal Place of Business

Mailing Address

1685 COLLINS AVENUE
MIAMI BEACH FL 33139

~~552 SIXTH AVENUE~~
NEW YORK NY 10011

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

57 West 16th Street
3rd Floor
New York, NY
10011

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1994

5. FEI Number

58-2182630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



000024222100

10/29/03--01008--002 **158.75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BARTON, DAVID	552 SIXTH AVENUE	NEW YORK NY 10011

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service
THE PREMIER CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name **Corporation Service Company**
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City **Tallahassee** State **FL** Zip Code **32301**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Jeanine Reynolds as its agent
REGISTERED AGENT MUST SIGN

Date

10-16-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of David Barton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-03 212-675-6275

David Barton Gym

552 6th Avenue New York, N.Y. 10011

212.727.0004

October 15, 2003

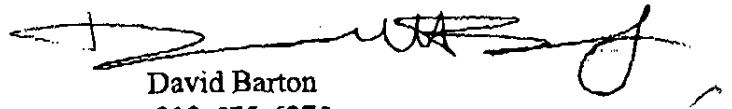
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: DB South Beach Gym Corp.
Doc # P94000077200

To Whom it May Concern,

Please waive the reinstatement fee due to the fact that DB South Beach Gym Corp. did not receive the two prior uniform business report notices.

Regards,



David Barton
212-675-6275